CENTRAL FAX CENTER

PTO/SD/17 (12-04V2)
Approved Through 07/31/2006. OMB 0851-0032
residential Child; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no nersons are required to resorted to a collection of information unless it displays a valid OMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/804,953 Application Number TRANSMIT 03/19/2004 Filing Date P.C. Blank et al For FY 2005 First Named Inventor Nordmeyer, P. Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1772 Art Unit 790 TOTAL AMOUNT OF PAYMENT Attorney Docket No. NCR11453 METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Check Credit Card Deposit Account Name: NCR Corporation Deposit Account Deposit Account Number: 14-0225 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Charge any additional fee(a) or underpayments of fee(a)

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) F.ee (\$) Fee (\$) 300 150 500 250 200 100 Utility 130 65 Design 200 100 100 50 160 80 200 300 150 Plant 100 600 500 300 300 150 250 Reissue 0 200 100 O 0 n Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissnes) 180 360 Multiple dependent claims Multiple Dependent Claims Extra Claims Fee (\$) 50 Total Cialms Fee (\$) Fee Paid (\$) 0 \_\_\_ - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) Indep, Claims Extra Claims -.3 or HP = റ HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 Fee Pald (\$) Fee (\$) \_ (round up to a whole number) 150 =Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (c.g., late filing surcharge): RCE No. 1801 790

SUBMITTED BY Registration No. Telephone **781-**592-907 29.630 Signature (Attorney/Agent) Date Name (Print/Type) 21 March 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the <u>USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commenta on the amount of time you require to complete this torm and/or suggestions for reducing this bursen, should be sent to the Cher Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</u> If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.